# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 30, 2007**
**Secretary of State**

DOCUMENT# P04000015484

**Entity Name:** MEDIBEST TELEGROUP INSURANCE CORP.

**Current Principal Place of Business:**

1300 WEST 47 PL
#110
HIALEAH, FL 33012

**New Principal Place of Business:**

13350 NW 42ND AVE
SUITE # 10
OPA LOCKA, FL 33054

**Current Mailing Address:**

P.O. BOX 126393
HIALEAH, FL 33012

**New Mailing Address:**

13350 NW 42ND AVE
SUITE # 10
OPA LOCKA, FL 33054

**FEI Number: 38-3696351** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ECHEZABAL, HECTOR M
1300 WEST 47 PL
#110
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HECTOR ECHEZABAL

Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ECHEZABAL, HECTOR M
Address: 1300 WEST 47 PL #110
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete
Name: NAVARRO, NATALI
Address: 1300 WEST 47 PL #110
City-St-Zip: HIALEAH, FL 33012

Title: VP (X) Delete
Name: ECHEZABAL, HECTOR
Address: 1300 WEST 47 PL #110
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: ECHEZABAL, HECTOR M
Address: 13350 NW 42ND AVE, STE # 10
City-St-Zip: OPA LOCKA, FL 33054

Title: VP (X) Change ( ) Addition
Name: ALVAREZ, NELSON
Address: 13350 NW 42ND AVE, STE # 10
City-St-Zip: OPA LOCKA, FL 33054

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR ECHEZABAL P 10/30/2007

Electronic Signature of Signing Officer or Director — Date